



HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

TO:18085870470

*07 JAN 29 P4:01

STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

	(Type or Prin	it Cleany)		
PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
YUH	GERALD	Н	847-5341	
MAILING ADDRESS (Street)	FAX			
1935 HAU STREET, R	847-2224			
(City)	(State)	(Zip Code)		
HONOLULU	HI	96819-5003		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
HAWAII ELECTRICIAN	841-6169			
MAILING ADDRESS (Street)			FAX	
1935 HAU STREET, ROOM #300			847-4596	
(City)	(State)		(Zip Code)	
HONOLULU	н		96819-5003	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LO	TELEPHONE		
HAWAII ELECTRICIANS N	841-6169 FAX		
MAILING ADDRESS (Street)			
1935 HAU STREET, ROO	847-4596		
(City)	(State)	(Zip Code)	
HONOLULU	НІ	96819-5003	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
TRAVIS UMEMOTO		841-6169	
MAILING ADDRESS (Street)	FAX		
1935 HAU STREET, ROO	847-4596		
(City)	(State)	(Zip Code)	
HONOLULU	н	96819-5003	

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PART III DESCRIPTION	OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBB	Υ	
Agriculture	Education	Human Services	 Science, Technology & Economic Development 	
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
Commerce Commerce	Hawaiian Affairs	💋 Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)	
 Ecology, Energy Environmental Protection 	☐ Housing	Public Safety & Corrections		
PART IV CERTIFICATI	ON OF LOBBYIST			
I hereby certify that to	he information furnished abov	ve is, to the best of my knowled	dge, correct and complete.	
M		•		
Sent A July			1/29/07	
	(Signature of Loboyist)		(Date)	
PART V AUTHORIZAT	TION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
DAMIEN K	IM	CHAIRMAN		
NAME OF ORGANIZATION (in	applicable)		TELEPHONE	
HAWAII ELECTRICIANS MARKET ENHANCEMENT POLITICAL FUND			841-6169	
MAILING ADDRESS (Street)			FAX	
1935 HAU STREET, ROOM #300			847-4596	
(City)	(State)	-	(Zip Code)	
HONOLULU	н		96819-5006	
I hereby authorize th	ne above - named person to e	engage in lobbying activities or	behalf of the undersigned.	

(Signature of Authorizing Officer or Person Represented)

(Date)